

**CRIMINAL CONVICTION INFORMATION
OFFICE OF LICENSURE AND CREDENTIALS
NJ DEPARTMENT OF EDUCATION**

Your Social Security Number: _____

Your Date of Birth: _____

***INFORMATION REGARDING CRIMINAL CONVICTIONS AND CRIMINAL OFFENSES
FOR REVIEW BEFORE THE STATE BOARD OF EXAMINERS***

You have indicated on your application for certification that you have a criminal conviction. Before your application for certification may be processed, the State Board of Examiners, the teacher licensing agency in New Jersey, requires that you provide answers to the following questions regarding your criminal history. The State Board of Examiners will then review the information to determine if it will accept your application for certification.

1. Specify and describe the nature and seriousness of the criminal conviction or criminal offense.

_____ Crime _____ Disorderly Person _____ Petit Disorderly Persons

2. Date of Offense/Conviction: _____ Date of Arrest: _____

Indictment No: _____ Date of Sentencing: _____

3. Give Exact Name and Address of Court. _____

4. Were you sentenced? Yes _____ No _____

If sentenced, what was the sentence imposed? (Include fines, community service, etc.)

5. What was your age at the time the criminal conviction or offense was committed? _____

6. Describe the circumstances under which the crime or offense occurred.

7. Indicate if the criminal conviction or offense was an isolated or repeated incident.

8. Indicate any social conditions which may have contributed to the criminal offense.

9. Provide written evidence of rehabilitation, including good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of persons who have supervised you in some capacity.

10. You may provide any additional information or documentation that you wish the State Board of Examiners to consider. For example, you may provide documentation such as an employment approval letter from the Criminal History Review Unit in the Department of Education that approves you for public school employment or a copy of the judgment(s) of conviction for your offense(s). The phone number of the Criminal History Review Unit is (609) 292-0507.

I certify that the aforementioned information is true. I am aware that I am subject to punishment if I willfully provide incorrect information.

Signature _____ **Date** _____

Return this completed form to:

**State Board of Examiners
Department of Education
P.O. Box 500
Trenton, NJ 08625-0500**

NOTE: Pursuant to N.J.A.C. 6A:9-17.3, candidates for certification must provide information regarding their criminal history, which will then be reviewed by the State Board of Examiners. Your application for certification may not be processed until you complete and return this form to the State Board of Examiners. In accord with N.J.A.C. 6A:9-5.4, fees are nonrefundable. If you do not complete the application process, you may not request that your money be returned to you.